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TRANSMITTAL
FORM

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Total Number of Pages in This Submission

3

Application Number 10/627,363

Filing Date 07/25/2003

First Named Inventor E. Todd Cale

Art Unit

Examiner Name

Attorney Docket Number SUN 6080

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Postcard Receipt
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name Jason H. Foster
Kremblas, Foster, Phillips & Pollick

Signature

Date

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Date

4-6-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant - E. Todd Cale :
Serial No. - 10/627,363 :
Filed - 07/25/2003 :
For - Wound Regenerator Method :

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4-6-04

Cheryl Gasaway
Cheryl Gasaway

4-6-04

Date of Signature

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Honorable Sir:

FIRST STATUS INQUIRY

An application was mailed to the U.S. Patent and Trademark Office on July 25, 2003 for the above-identified case. The return receipt postcard mailed with the application indicates that the Office received. However, to date, no Official Filing Receipt has been received from the Office.

Therefore, please mail the Official Filing Receipt. Also, please advise us of the status of this application.

Respectfully submitted,

06 April 2024

Date of Signature

 Jason H. Foster

Reg. No. 39,981

KREMLAS, FOSTER, PHILLIPS
& POLLICK

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614/575-2100

Our File No.: SUN 6080

Enclosure: Return receipt postcard